

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lake County Agricultural Society		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2014		
Mailing Address 1301 Mentor Avenue		Amount 250.00		
City Painesville	State OH	Zip Code 44077	Transaction ID : 61235269	
Purpose of Expenditure Booth Rental		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate David Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Commonwealth of Kentucky		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2014		
Mailing Address Kentucky State Fair Board 1050 US Highway 127 S., Suite 100		Amount 850.00		
City Frankfort	State KY	Zip Code 40601	Transaction ID : 61235271	
Purpose of Expenditure Booth Rental		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Sen. Mitch McConnell		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: KY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		1100.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Mary Rose Adkins		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2014		